

## **Application for a Water Right Permit**

For Ecology Use (Date Stamp)

14 JAN -6 A9:00

*A NON-REFUNDABLE N	MINIMUM FEE OF \$50.00 M	IUST ACCOMPANY THIS	S APPLICATION.
Section 1. APPLICAN	T June T		
I have participated in a	pre-application conference	e with Ecology.	
Applicant/Business Name:  DUSTIN AND 7	DONNA STEWART	Phone No: 509-924-3833	Other No:
Address: SONORA	LN		. 1-45,445
SPOKANE VA	DONNA STEWART LN URY	State: WA	Zip:99037
Email Address (if available):			
Contact Name (if different from a	bove):	Phone No:	Other No:
Relationship to Applicant:			
Address:			
City:		State:	Zip:
Email Address (if available):			
Local Land Overser or Part Owner	Name of the Proposed Place of Us	se: Phone No:	Othor No.
SAME	Name of the Proposed Place of Os	se: Phone No:	Other No:
Address:			
City:		State:	Zip:
Email Address (if available):			
For	2-20700	SEPA	A: Exempt/Not Exempt
Ecology Use APPLICATION NO: 5	3-30700	SLIZ	1. Landing Tiot Exempt

Section 2. STATEMEN	Γ OF INTENT				
Do you own the land on which the If no, do you have legal authority					
Briefly describe the purpose of you			The state of the s		
	proposal projecti				
Anticipated length of time to comp	plete your project: 1 year				
Water Use List all purposes for w	hich water will be applied to a b	eneficial use and	list quantity required for each.		
Purpose(s) of Use	Rate (check one box only) Cubic Feet per Second (CFS) Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)		
Domestic	.01	1/2	Continuouser		
GARDEN	.01	1/2	SEASINAL		
TOTAL:	,02				
Is this a request for a short term properties this request for a temporary permit figure to either question above, and FROM:/TO:TO:	mit? YES NO licate the dates that the water will		□ YES 🛣 NO		
Section 3. POINT OF D (Complete A or B, and C below		DRAWAL			
A.) If Surface Water Source	B.) If	Ground Water	Source		
Spring Creek River	Lake W	☐ Well(s) ☐ Other:			
Other:					
Source Name:	Well	liameter & depth:			
Tributary to: FLAT CR	N. I		ints of withdrawal:		
Thoulary to.	Do yo	u have an existing	g well?  YES  NO		
Number of proposed diversion po	pints: A If avai	ilable, attach Wate	er Well Report and pump test.		
Do you have an existing diversio	n? X YES NO Well	Гад ID No			

Pa	rcel No.	1/4	1/4	Section	Township	Range		County
6330	6500005	7.6	GL	1 6	33	46	Pen	o o'reine
	Lot(s)	9-	Block			ubdivision	1 2 3	Street die
	10							/
I	enter the dista Feet (☐ North/ (☐NW ☐SW	☐ So	uth) and	fe	et ( East/	West)	ar to the	nearest section corner:
Pa	rcel No.	1/4	1/4	Section	Township	Range		County
4330	6500004		6L3	6	33	46	P	NO o Reive
	Lot(s)		Bloc			ubdivision	16	ND O REGIONE
	8		Dioc	11(3)		<u>uourvision</u>		/
known	enter the dista	nces in	feet fro	m the poin	t of diversion	or withdraw	al to the	nearest section corner:
								7
fee	t ( North/	South	) and	feet (	☐ East/☐ Wes	st)		
om the	(□NW □SW	INF	SE	7. ).00	rner of Section	1	4	
					THE OF SECTION	•		
ach a c	4. PLACE opy of the legatract, property	l desc	ription					
ach a c	opy of the lega	l desc	ription					e used) taken from a rea
ach a c	opy of the lega	l desc	ription					
tach a c	opy of the lega tract, property	deed ion	ription or title	insurance	policy, or cop	y it careful	ly in the	e space below.
you owno, do you do wide owner there a	opy of the legal tract, property  A Sect  In all the lands ou have legal and where name(s), a super name(s) and the lands of the legal and the	ion on white the rights	Twp. 33 ich the p y to mak , and pho	Range A Composed place this appliance numbers associate	Penp of ace of use is lo ication for use r:	County  Coated?   of another's	YESs land? [	Parcel No.  NO.  YES NO  MR. YES NO
you owno, do you do wide owner there a	opy of the legatract, property  4 Sect  7 all the lands  5 ou have legal at wher name(s), a	ion on white the rights	Twp. 33 ich the p y to mak , and pho	Range A Composed place this appliance numbers associate	Penp of ace of use is lo ication for use r:	County  Coated?   of another's	YESs land? [	Parcel No.  NO.  YES NO

property, be sure to include a complete copy of the plat map.

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted

ource): WATER LINE - G	RAVITY FEED SYSTEM	
C. A. C. DOMECETCHIA TED CUD	DI V CVCETTA INCODA A ELON	
Section 6. DOMESTIC WATER SUP (Complete A or B, and C below)	PLY SYSTEM INFORMATION	
A ) Domostic Water Systems only	P \ Municipal Water Systems only	
A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)	
A.) Domestic Water Systems only  Projected number of connections to be served:		
	(defined under RCW 90.03.015)	
Projected number of connections to be served:  Type of connections:	(defined under RCW 90.03.015)  Present population to be served water:  Estimate future population to be served:	
Projected number of connections to be served:  Type of connections:  (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the	(defined under RCW 90.03.015)  Present population to be served water:  Estimate future population to be served:	ter
Projected number of connections to be served:  Type of connections:  (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Division?  YES  NO	(defined under RCW 90.03.015)    Present population to be served water:	ter
Projected number of connections to be served:  Type of connections:  (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Division?  YES NO  If yes, date plan was approved//	(defined under RCW 90.03.015)    Present population to be served water:	ter
Projected number of connections to be served:  Type of connections:  (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Division?  YES NO  If yes, date plan was approved//  Name of water system:	(defined under RCW 90.03.015)   Present population to be served water:	ter
Projected number of connections to be served:  Type of connections:  (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Division? YES NO  If yes, date plan was approved//  Name of water system:  Are you within the service area of an existing water	(defined under RCW 90.03.015)   Present population to be served water:       Estimate future population to be served:   (20 year projection)   Washington State Department of Health, Drinking Wawater System Number:   YES   NO	ter
Projected number of connections to be served:  Type of connections:  (e.g., home, recreational cabin)  C.) Water System Planning  Do you have a Water System Plan approved by the Division? YES NO  If yes, date plan was approved//  Name of water system:  Are you within the service area of an existing water If yes, explain why you are unable to connect to the	(defined under RCW 90.03.015)   Present population to be served water:	ter
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## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

<u>Irrigation</u>
Total number of acres requested to be irrigated under this application =ACRES
NOTE: Outline the area to be irrigated on your attached map.
<u>Stockwater</u>
List number and kind of stock:
Is the proposed project for a dairy farm?   YES   NO
Other Proposed Farm Uses
Describe all proposed uses:
Family Farm Water Act (RCW 90.66):
Calculate the acreage in which you have a controlling interest, including only:
<ul> <li>Acreage irrigated under water rights acquired after December 8, 1977,</li> <li>Acreage proposed to be irrigated under this application, and</li> </ul>
<ul> <li>Acreage proposed to be irrigated under other pending application(s).</li> </ul>
release proposed to be infigured under other pending appreciation(s).
Is the combined acreage under existing rights greater than 6000 acres?   YES  NO
Do you have a controlling interest in a Family Farm Development Permit? YES NO
If yes, enter Permit No:
If yos, onto 1 of mic 110.
Section 8. OTHER WATER USES
Hydropower
Indicate total feet of head and proposed capacity in kilowatts:
Describe works:
Indicate all uses to which power is to be applied:
FERC License No:
Mining/Industrial Use
Describe use, method of supplying and utilizing water:

Other Use								
G 0								
Section 9.	WATER ST	ORAGE	i e	4				
Will you be usi	ing a dam, dike, o	r other stru	cture to retain o	r store wate	r? 🔲 YI	ES 🔀 NO	)	
Are you propos	sing to store more	than 10 acr	re-feet of water	YES YES	NO			
Will the water	depth be 10 feet o	or more?	YES 🔀 NO		·			
If you answered	d yes to any of the	e above que	estions, please d	escribe:				
						411 144		
and some portion	ill be storing 10 acr n of the storage wil Dam Construction	l be above gr	rade, you must al.					
Section 10	. DRIVING	DIRECT	TIONS					
Provide detaile	d driving directio	ns to the pr	oject site: Hu	y 57	N	From	Priest	Riven
	BEARPAW					FS	1095.	60
	mile to							
						****		*
Site Address:								

## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Dustin Stewar	+ tacheston	1-2-14
Print Name	Signature	Date
(Applicant or authorized representa	ntive)	
DONNA STEWAR	+ Worver &	lub 1-2-14
Print Name	Signature	Date
(Legal Owner or Part Owner Place	of Use)	
Dustin Stewar	Signature Signature	7-2-14 Date
(Legal Owner or Part Owner Place	0	Date
(Legar Owner of Fart Owner Flace	01 030)	
	Please check the region in	which the project is located:
*Submit your application to:	Central Regional Office	Eastern Regional Office
DED A DEL CENTE OF EGGL OCK	15 W Yakima Avenue, Suite 200	4601 N. Monroe
DEPARTMENT OF ECOLOGY	Yakima, WA 98902	Spokane, WA 99205-1295
CASHIERING SECTION PO BOX 47611	(509) 575-2490	(509) 329-3400
OLYMPIA, WA 98504-7611		(00) 020 0100
OLTMITA, WA 36304-7011	Northwest Regional Office	Southwest Regional Office
	3190 – 160 <sup>th</sup> Avenue SE	PO Box 47775
	Bellevue, WA 98008-5452	Olympia, WA 98504-7775
	(425) 649-7000	(360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

